ROUTING AND RECORD SHEET

SUBJECT: (Optional)

FROM: D/M/OSA		EXTENSION 7509	NO. 2642-66 25X1A2d2
			DATE

TO: (Officer designation, room number, and building)	DATE RECEIVED	FORWARDED	OFFICER'S INITIALS	COMMENTS (Number each comment to show from whom to whom. Draw a line across column after each comment.)
1. D/M/OSA				1. Coordination
2. D/O/OSA	20Sep	20Sep	WEA	2. Coordination
3. IDEA/O/OSA	20Sept	20Sept		3. Coordination
4. SS/OSA	21Sep/66			4. Coordination
5.				
6.				
7. D/SA				Signature
8.				
9.				
10. D/M/OSA				Xeroxing
11.				
12.				
13.				
14.				
15.				

FORM 610 USE PREVIOUS EDITIONS   □ SECRET   □ CONFIDENTIAL   □ INTERNAL USE ONLY   □ UNCLASSI